



Coventry City Council

Briefing note

To
Health and Social Care Scrutiny Board (5)

Date
29 June 2016

From
Pete Fahy, Director of Adult Services

Subject
Adult Social Care – Outcome of Peer
Challenge 23 -25 February 2016

1. Purpose

The purpose of this report is to inform Health and Social Care Scrutiny Board (5) of the recommendations arising from the Adult Social Care Peer Challenge and the actions that will be progressed to address these recommendations.

2. Background

Over the period from 23 to 25 February Coventry Adult Social Care was subject to a Peer Challenge.

The Peer Challenge is part of the sector led improvement approach across Adult Social Care. The Peer Challenge programme is supported by the Department of Health, the Local Government Association and ADASS (Association of Directors of Adults Social Services) and focusses on a specific area within Adult Social Care. The challenge provides an opportunity to have an objective assessment of how well we are performing in the specified area and any areas for improvement.

The challenge was led by Keith Skerman, Executive Director for Social Care & Inclusion at Walsall Council who was supported by Assistant Directors, a Councillor and experts by experience from different local authorities across the West Midlands.

Prior to the review a case file audit of 20 social work cases was undertaken by two Principal Social Workers. This audit examined our approach to social work practice and practice improvement and sought evidence which demonstrated that social work practice is making a difference to people's lives. The case file audit was completed on 19 and 20 January 2016 and its findings fed into the Peer Challenge.

3. Focus of the Peer Challenge

Prior to the Peer Challenge commencing an overarching question to form the basis on the challenge is agreed for the challenge team to consider. For Coventry the team was asked consider the following question:

‘How equipped is Coventry City Council to enable people who come into contact with Adult Social Care to make active choices about how outcomes are met’.

This overarching question was agreed due to the performance of Coventry Adult Social Care against key performance indicators covering areas of quality of life, delaying and reducing the need for care and support and ensuring a positive experience of care and support.

In examining this overarching question the Peer Challenge explored four Key Lines of Enquiry (KLOE's) including our approach to both new and existing customers, our approach to workforce development, commissioning and financial management processes.

As a conclusion to the Peer Challenge feedback was given in summary form plus specific findings against each of the KLOE's. A number of recommendations were also provided. These findings and recommendations were provided in the form of a presentation, which is included in Appendix One along with the covering letter (Appendix Two). Following the peer challenge an action plan is produced that is used to address the issues raised and form a basis for progress which progress then being assessed by the peer challenge lead approximately six months hence.

4. Peer Challenge Summary

The summary points made by the peer challenge team highlighted the fact that performance had been maintained within Adult Social Care despite significant financial reductions being delivered. Examples of innovative service delivery were identified and these, combined with a 'can-do' attitude within directorate leadership and the Adult Social Care workforce, and a positive relationship with health partners and other stakeholders was considered to create a good foundation for further improvement.

As anticipated, the peer challenge team identified that progress had not been made in an evidential way in regards to delivering personalised support for the people of Coventry.

It was also recognised by the review team that despite significant financial challenges of their own the Coventry and Rugby Clinical Commissioning Group (CRCCG) has continued to use the allocation under the Better Care Fund (BCF) to protect Adult Social Care which has increased for 2016/17. It was however considered that the lack of a single plan for the health and social care system could be a barrier to progress.

Recognising the focus of the peer challenge as improving personalised support the actions arising from the findings focus significant effort on the workforce, the processes used to support Adult Social Care, and the way the market is engaged to support the delivery of the changes required to make the delivery of personalisation more of a reality for the people of Coventry within the resources available to Adult Social Care.

As a follow up to the peer challenge process, the challenge lead, Keith Skerman, returns to Coventry for a day following the challenge to assess progress. This day is being planned for October 2016. In order to give some assurance that the Coventry action plan was addressing the key areas identified through the review Keith Skerman undertook a review session within Adult Social Care on 29 May 2016.

5. Recommendations Made by the Peer Challenge Team

The Peer Challenge team made a number of recommendations. These recommendations and the response is described below:

- 1. Much of the demand and cost for ASC appears to be driven by the NHS. The health and social care system in Coventry should redesign the care pathway to reduce admissions and invest in community provision.*

Reducing admissions and investing in community provision is a long held aspiration of the health and social care system and has been encapsulated in local plans including the Better Care programme and the System Wide Transformation Programme. Other reviews of the health system, included Emergency Care Improvement Programme (ECIP) in 2015 also identified this as an area for improvement and commented on the range of plans in place and how this was not enabling the required pace of progress. It is intended that through the Sustainability and Transformation Plan (STP) the opportunity exists to create one programme for the system. The STP process comprises three overall workstreams: Care in Hospital, Care Outside of Hospital and Mental Health. Through progressing these workstreams pathway redesign will be undertaken which will seek to address this recommendation.

- 2. A vision of adult social care to underpin the wider integrated system needs to be developed in conjunction with service users, carers and partners that describes how the council is delivering within the framework of the Care Act, and gives clear direction at a commissioning level but also to front line practitioners on the strategic intent of the council.*

The People Directorate has recently agreed a vision which is 'Working in partnership to improve the life chances of all and to protect the most vulnerable'. Translating this vision into deliverable improvement will be driven through the people directorate and working with partner organisations and stakeholders. Developing the Sustainability and Transformation Plan also requires a system vision to be agreed across partners. It should also be noted that the Better Care programme has a vision as did the system wide transformation plan.

- 3. Change needs to be underpinned by robust plans, adequate capacity and an understanding of the implications for workforce change. This is required to deliver the aspirations of the council within available resources.*

A number of specific plans are in place for delivery in 2016/17. These include adopting the means for people of Coventry to interact with Adult Social Care through use of technology, reductions in management costs and ensuring that some of our higher cost service users are in the most appropriate care setting.

The financial position of the City Council is such that more will be required from Adult Social Care and the People Directorate to achieve financial balance over the next three years. There is a recognition that any additional change programmes are likely to require capacity from across the City Council including capacity for workforce change.

- 4. The council should consider rapidly accelerating personalisation in terms of practice, commissioning and infrastructure and see this as an opportunity to deliver against its corporate objectives in the context of reduced finances.*

A series of specific actions are being progressed focussing on practice and process change to support the delivery of more personalised support. Since the peer challenge progress has been made in establishing personalisation champions, creating practice guides, establishing practice learning sets and implementing more structured mechanisms for case audits. There is a particular opportunity through two major commissioning projects over the next year, home support and care homes, to accelerate an approach to personalisation with the market. The direct payment support offer will also be reviewed with the intention of extending the range of support available. As an alternative to Direct Payments a pilot scheme for Individual Service Funds (ISFs), where the service user manages a resource with a provider is also being progressed.

- 5. A key part of transformation will be a review of current business process and planned change management to ensure that the unintended consequences are understood and mitigated*

A review of business processes including FACE/Resource Allocation System, Care Funding Calculator and Brokerage will be undertaken. The work on increasing the use of digital tools will be accelerated and used as an opportunity for learning and further improvement. Additionally, Coventry is participating in a programme called 'digital challenge' which aims to examine how technology can be used to improve support. Learning from this programme can support further improvements to business processes.

Adult Social Care is also working with health partners to introduce a record sharing tool called 'Black Pear' which enables health and social care organisations to view each other's electronic patient and service user records. This shared view is expected to deliver benefits to the end users experience of Adult Social Care and health.

- 6. Additional capacity at senior level focused on strategic adult social care transformational change might be a way of accelerating the change required and delivering the financial ambition. This could connect the various different corporate and service based developments that appear currently unconnected and ensure that benefits realisation is monitored.*

The People Directorate vision helps to provide a strategic focus for the directorate and Adult Social Care. However, as a significant proportion of Adult Social Care activity derives from health organisations working constructively with health colleagues will be essential to the success of Adult Social Care. The senior capacity within Adult Social Care has reduced with the removal of the Assistant Director layer, and a reduction in the numbers of Heads of Service. Additionally, at the time of the peer challenge two heads of service roles were vacant but appointments have now been made to these key roles. Improved connection of

service based developments with the corporate centre can be evidenced through the work underway to use on-line self-assessment tools and co-locate social work staff with the Customer Contact Centre.

7. *The team heard a number of issues relating to safeguarding adults from a strategic and practice perspective that need further auditing and the council should seek urgent assurance as to the validity of these issues. Further work is required to ensure an outcome focused approach to safeguarding as per the principles of Making Safeguarding Personal.*

The issues heard by the Peer Challenge Team called into question whether the responsibilities for safeguarding adults at a whole population level as required by the Care Act were understood and being implemented in practice. Immediately following the Peer Challenge evidence was sought to identify whether these issues were present or whether they were the result of incorrect representation within a peer challenge session.

The following evidence was found to provide assurance of compliance with Care Act.

- As part of the preparations for implementation of the Care Act detailed consideration was given to safeguarding. Coventry works to the Pan West Midlands Safeguarding Policies and Procedures which were updated to reflect changes under the Care Act. These changes to deliver Care Act compliance were communicated to a range of stakeholders including providers of care and support and the voluntary sector.
- In 2015-16 from a total of 1,117 cases referred as safeguarding our records indicate that 138 cases were not supported by Adult Social Care or health and a further 132 were funded through Continuing Health Care. These statistics provide evidence that safeguarding is not just being considered for people supported by Adult Social Care
- In preparation for the introduction of the Care Act a range of training sessions were held covering eligibility, legal overview and putting the care act into practice. These sessions had over 1,200 attendees.

In order to make further progress in respect of safeguarding and ensure that a personalised approach is also being taken in this area a separate action plan is in place to deliver against Making Safeguarding Personal (MSP). It is intended that this work will include an independent evaluation of progress in this area later in 2016.

6. Using the Peer Challenge process to achieve improvement

The actions described under each recommendation are included in an action plan that will be used in Adult Social Care as a basis for delivering and measuring progress.

The action plan is attached in Appendix Three which covers five areas in which progress will be made. Each area along with an indication of the actions included in that area is provided below:

1. Vision and Strategy
Includes developing the vision for Adult Social Care as part of an overall health and social care vision.

2. Embedding personalisation in practice
Includes developing personalisation through workforce development, champions groups, guidance notes and developing market options for personalised support.
3. Improving the experience of the customer
Includes establishing more systematic feedback mechanisms and providing alternatives for people to engage with adult social care using self-assessment tools. Supporting people to achieve their outcomes on first contact with the City Council.
4. Embedding personalisation in process
Including reviews of existing processes, introduction of case file auditing and reviewing contracts to be more outcome focussed.
5. Robust financial planning and programme management
Includes ensuring that savings plans have appropriate levels of programme management and that intelligence of market impacts are used to inform commissioning activity

7. Recommendations to Scrutiny Board 5

Health and Social Care Scrutiny Board (5) are recommended to:

1. Note the outcome of the Adult Social Care peer challenge undertaken over 23 – 25 February 2016 and the actions being progressed as a result.
2. Consider representation from the Board on the Personalisation Reference Group which will include voluntary sector and user representatives.

Appendices

- Appendix One: Coventry Peer Challenge – Personalisation
- Appendix Two: Peer Challenge Cover Letter
- Appendix Three: Adult Social Care Peer Challenge Action Plan 2016/17

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